## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or ra	ate level produced by rate revision
effective 02/01/2015	

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	<del></del>	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$432,703 (Written)	3.9%
14. 15.	Crop Hail		<del></del>
IJ.	Other Life of Insurance		
	Life of insurance		
	Does filing only apply to certa Classes? If so, specify: N/A	nin territory (territories) o	r certain
	Priof description of filing (If f	iling follows rates of an	advis and
	Brief description of filing. (If f Organization, specify organization):	AAIC proposes to add	opt the changes contained in ISO
	Reference Filing Number ML-2014	-RLAT on February 1, 2015	
	*Adjusted to reflect all prior ra		ult from application of new
	rates.	American Alterna	tivo Incurance Comentian
			tive Insurance Corporation ame of Company
			tt - Vice President
		Capiton C. Colbo	Tiod i rooidolit

## FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level proc	luced by rate revision
effective <u>02/01/2015</u>	•

-	(1)	(2) Annual Premium	(3) Percent
1.	Coverage Automobile Liability Private	Volume (Illinois) *	Change (+or-) **
١.	Passenger		
	Commercial		
2	Automobile Physical Damag		
<b>-</b> -	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	***	
5.	Glass	* *	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$28,205 (Written)	3.9%
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: N/A	iin territory (territories) or	certain
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify	iling tollows rates of all a	avisory
	organization):	AFH proposes to adop	ot the changes contained in ISO
	Reference Filing Number ML-2014		
	*Adjusted to reflect all prior ra **Change in Company's premates.	•	It from application of new
		American Family I	lome Insurance Company
			me of Company
		Manuel 7 Rice -	Precident & CEO

	Change in Company's premium of rac	e level produced by rate revision effective	11/1/2014 Renewal Business
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
i.	Automobile Liability Private Passenger		
•	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	•	
7.	Surety	<del></del>	<del></del>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		· <del></del>
11.	Inland Marine		
12.	Homeowners		*** *** ** * * * * * * * * * * * * * *
13.	Commercial Multi-Peril	\$32,860,583	+4.2%
١4.	Crop Hail		
15.	Other		<del></del>
No			
* Ac			Protection Program (RDPP) which
			erican Family Mutual Insurance npany
			Name of Company
			ristine C Lewandowski, e Filing & Compliance Analyst
			Official - Title

	S Company of	ate level produced by rate revision effective	11/1/2014 Renewal Business
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change ( · Oi )
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial	•	<del></del>
3.	Liability Other Than Auto		
4.	Burglary and Theft		· · ·
5.	Glass	-	
6.	Fidelity	<del></del>	<del></del>
7.	Surety		<u> </u>
8.	Boiler and Machinery		
9.	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril	\$1,713,062	+5.1%
4.	Crop Hail		
5.	Other		
oes i	Line of Insurance	(territories) or certain classes? If so, specify:	
oes i	Line of Insurance	(territories) or certain classes? If so, specify:	rganization):
No rief	Line of Insurance		
rief	Line of Insurance filing only apply to certain territory of the description of filing. (If filing following filing, we will be revising package)	ws rates of an advisory organization, specify of modification factors. The overall impact of the second sec	
No rief	Line of Insurance filing only apply to certain territory of the description of filing. (If filing following is filing, we will be revising package is +5.1%  djusted to reflect all prior rate change hange in Company's premium level	ws rates of an advisory organization, specify of modification factors. The overall impact of the second sec	the changes proposed in this
No rief	Line of Insurance filing only apply to certain territory of the description of filing. (If filing following is filing, we will be revising package is +5.1%  djusted to reflect all prior rate change hange in Company's premium level	ws rates of an advisory organization, specify of modification factors. The overall impact of ges.  which will	the changes proposed in this
oes i	Line of Insurance filing only apply to certain territory of the description of filing. (If filing following is filing, we will be revising package is +5.1%  djusted to reflect all prior rate change hange in Company's premium level	ws rates of an advisory organization, specify of a modification factors. The overall impact of sees.  which will  Americ Compa	the changes proposed in this

			11/1/2014 Renewal Business
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
,	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass	· · · · · · · · · · · · · · · · · · ·	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
0. 1.	Extended Coverage Inland Marine		• • •
1. 2.	Homeowners		
۷. 3.	Commercial Multi-Peril	\$3,043,060	+8.3%
). ‡.	Crop Hail		
i. 5.	Other		
	Line of Insurance		
oes i	filing only apply to certain territory (	territories) or certain classes? If so, specify:	
No			
lo ief		vs rates of an advisory organization, specify o	organization):
No We a	description of filing. (If filing follow	vs rates of an advisory organization, specify ockage modification factors.	
No vief (	description of filing. (If filing follow are revising Commercial Property pa djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify ockage modification factors.	
ief o	description of filing. (If filing follow are revising Commercial Property pa djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of chage modification factors.  es. which will	can Family Mutual Insurance
ief o	description of filing. (If filing follow are revising Commercial Property pa djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of ckage modification factors.  es. which will	can Family Mutual Insurance
No vief (	description of filing. (If filing follow are revising Commercial Property pa djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of chage modification factors.  es. which will	can Family Mutual Insurance
ief o	description of filing. (If filing follow are revising Commercial Property pa djusted to reflect all prior rate chang hange in Company's premium level	vs rates of an advisory organization, specify of chage modification factors.  es. which will  Americ Compa	can Family Mutual Insurance

(	Change in Company's premium or rat	te level produced by rate revision effect	9/1/2014 New Business 11/1/2014 Renewal Business
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		<del></del>
2.	Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		***
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners	0.015.000	0.00/
13.	Commercial Multi-Peril	\$3,215,782	-9.9%
14. 15.	Crop Hail Other		<del></del>
Does 1 No		erritories) or certain classes? If so, spec	ory:
	• • •	s rates of an advisory organization, spec	
** Cl	djusted to reflect all prior rate change nange in Company's premium level would from application of new rates.		
			merican Family Mutual Insurance
		<u> </u>	Name of Company
			nristine C Lewandowski,
		<u></u>	official - Title
			Litticial - Litle

## FORM (RF-3)

## **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent
Coverage	<ul> <li>Volume (Illinois) *</li> </ul>	_ Change (+or-) **
Automobile Liability Private		
Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire	**************************************	
Extended Coverage		
nland Marine		
Homeowners	<del> </del>	
Commercial Multi-Peril	\$ 52,247 (Written)	3.9%
Crop Hail	<del></del>	
Other	<del></del>	
Life of Insurance		
Does filing only apply to certa Classes? If so, specify: N/A	nin territory (territories) c	or certain
Brief description of filing. (If f	iling follows rates of an	advisory
Organization, specify		
organization):		opt the changes contained in I
Reference Filing Number ML-2014	-RLA1 on February 1, 2015	),
*Adjusted to reflect all prior ra		ult from application of ne

Manuel Z. Rios - President & CEO

## FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 8/12/2014 new and renewal business

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
_	Commercial		
2	Automobile Physical Damag		•
	Private Passenger		
,	Commercial		
3.	Liability Other Than Auto		
4. -	Burglary and Theft		
5.	Glass		
). •	Fidelity		
7.	Surety		
3.	Boiler and Machinery		
€.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		******
13.	Commercial Multi-Peril	\$2,081,549	-6.4%
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa Classes? If so, specify: N/A	in territory (territories) or	certain
	Brief description of filing. (If fi	ling follows rates of an a	dvisory
	Organization, specify	illing tollows rates of arr a	u visoi y
	organization):	Please accept the attached filing on behalf of A	Argonaut Great Central Insurance Company, a member of Argo Group.
	With this filing, we hereby adopt the following ISO	loss costs and rules: GL-2013-BGL1; CN	M-2014-RLA1; CF-2013-RBILC; CR-2013-RLA1;
	CF-2012-REWR1; CF-2013-REQRU; CF-2		
	*Adjusted to reflect all prior ra	te changes.	
	**Change in Company's prem	ium level which will resu	It from application of new
	rates.		
		<u></u>	entral Insurance Company
			me of Company
		Barbara L. Sutherla	ind, SVP-General Counsel

## FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 8/12/2014 new and renewal business

-	(1) Coverage	(2) Annual Premium - Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$29,867	-0.6%
14.	Crop Hail	<del></del>	<del></del>
15.	Other		
	Life of Insurance		
•	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,		
	specify: N/A		
	Brief description of filing. (If f	iling follows rates of an a	dvisory
	Organization, specify		
	organization):		If of Argonaut Insurance Company, a member of Argo Group.
	With this filing, we hereby adopt the following ISC		<del></del>
	CF-2012-REWR1; CF-2013-REQRU; CF-201	· · · · · · · · · · · · · · · · ·	GL14; CL-2013-ODBRU; and ML-2014-RLA1
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.		
		Argonaut Insurance	
		Nat	me of Company

Barbara L. Sutherland, SVP-General Counsel

## FORM (RF-3)

## **SUMMARY SHEET**

Annual Premium Volume (Illinois) *	Percent Change (+or-) **
<del> </del>	
<u></u>	
\$15,434,106	3.6%
n territory (territories)	or certain
does not solely apply to cer	tain territories or classes.
l' <i>f</i> - 11	
ling follows rates of an	i advisory
Poto and rule revision	
Rate and full revision	
<del></del>	
te changes	
	sult from application of ne
Auto Oumana la	ouronoo Compony
	in territory (territories) g does not solely apply to cer ling follows rates of an Rate and rule revision te changes.

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger	-	
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	<del> </del>	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	\$79,952	_30
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Dogs f	iling only apply to certain territory (te	rritories) or certain classes? If so, specify:	
No	ining only apply to certain territory (te	intories) of cerum classes. If so, specify.	
110	· · · · · · · · · · · · · · · · · · ·		
Drief.	description of filing (If filing follows	rates of an advisory organization, specify	organization):
		submitting a revised state exception manua	
		with your department. We request an ap	
		nges are being made: F-ML-GC-R-IL-5 (07	
		l Property rate ranges increased by 30% for	
		Rate range per round for Golf Club Class 1	
		ry - Restaurant rate per \$1,000 increased by	/ 30%; Golf stores rate range per
\$1,00	00 increased by 30%; Golf stores rate	range per \$1,000 increased by 30%.	
	Production and and all the state of		
	djusted to reflect all prior rate changes		
	hange in Company's premium level was sult from application of new rates.	men will	
16	suit from application of new rates.		

Freedom Specialty Insurance
Company
Name of Company
Melissa Medina - State Filing
Analyst
Official - Title

## FORM (RF-3)

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 12/01/2014; Prop overall rate imp 2.80%.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Autor	nobile Liability Private		
Passe	-		
	nercial		
Autor	nobile Physical Damag	1	
	te Passenger	•	•
	nercial		
Liabili	ity Other Than Auto		
Burgla	ary and Theft		
Glass	-		
Fideli	ty		
Suret	ý		
Boiler	and Machinery		
Fire	·		
Exten	ded Coverage		
Inland	l Marine		
Home	eowners		
Comn	nercial Multi-Peril	6,687,389	+2.80%
Crop	Hail		
Other			
	Life of Insurance		
	filing only apply to cerses? If so,	tain territory (territories) or	certain
speci	fy: Not A	pplicable	
	description of filing. (If	f filing follows rates of an a	idvisory
_	nization):	Independent Base rate ch	nange
*Adiu	sted to reflect all prior	rate changes	
		mium level which will resu	It from application of new

General Casualty Company of Wisconsin Name of Company

Christopher Montemurro; Senior Rate & Form Analyst

rates.

## FORM (RF-3)

## **SUMMARY SHEET**

(1)	(2) Annual Premium	(3) Percent	
Coverage	Volume (Illinois) *	Change (+or-) **	
Automobile Liability Private			
Passenger			
Commercial			
Automobile Physical Damag			
Private Passenger			
Commercial			
Liability Other Than Auto			
Burglary and Theft			
Glass			
Fidelity			
Surety			
Boiler and Machinery			
Fire			
Extended Coverage		<del></del>	
nland Marine			
Homeowners			
Commercial Multi-Peril	\$30,129,032	3.1%	
Crop Hail		0.170	
Other		<del></del>	
Line of Insurance			
Line of insulance			
Does filing only apply to certain territory (territories) or certain			
Classes? If so,	,		
specify: This filing	g does not solely apply to certair	n territories or classes.	
Brief description of filing. (If filing follows rates of an advisory			
Organization, specify	-		
organization):	Rate and rule revision		
		-	
	<u></u>		
*Adjusted to reflect all prior ra			
**Change in Company's prem	ium level which will resul	it from application of n	
rates.			

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective 12/15/2014 new and renewal...

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	989,552	-0.1%
14.	Crop Hail		
15.	Other		
	Life of Insurance		
	Does filing only apply to certain te Classes? If so, specify: No	erritory (territories) or certain	<u> </u>
			<b>=</b> 10
	Brief description of filing. (If filing to Organization, specify organization): Pharmacists Mutua Businessowners program. We ar	Il Insurance Company is a n	nember of AAIS for our ements of this program which
	include 1. revised LCMs, 2. revifactors - Loyalty, Age of Bldg, 4.	sed construction class factor	ors, 3. Introduction of new
	racions - Loyalty, Age of blug, 4.	milioduction of new class to	i Medical Offices.

Pharmacists Mutual Insurance Company
Name of Company
Rich Berke, East Team Senior Vice President
Official – Title

<sup>\*</sup>Adjusted to reflect all prior rate changes.

<sup>\*\*</sup>Change in Company's premium level which will result from application of new rates.

	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	<del> </del>	
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	442,653	+0.6%
14.	Crop Hail		
15.	Other		
loes f	Line of Insurance	erritories) or certain classes? If so, specify:	
No		entiones, of certain classes. If so, specify.	
	description of filing. (If filing follow se see explanatory memo.	s rates of an advisory organization, specify o	organization):

Selective Insurance Company of America (SICA)

Name of Company

Sean Ritson – AVP C/L Pricing
Official - Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger	-	
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		. <del></del>
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		<u>.</u>
11.	Inland Marine		
12.	Homeowners		-0.104
13.	Commercial Multi-Peril	1,426,413	+0.1%
14.	Crop Hail		
15.	Other		
	Line of Insurance		
<b>.</b>	C1:	territories) or certain classes? If so, specify:	
No No	ning only apply to certain territory (	termones) of certain classes: It so, specify.	
110	·		
ا کینام	description of filing. (If filing follow	s rates of an advisory organization, specify o	organization):
	description of filing. (If filing follows se see explanatory memo.	's rates of an advisory organization, specify t	organization).
Pleas	se see explanatory memo.		

\* Adjusted to reflect all prior rate changes.
\*\* Change in Company's premium level which will result from application of new rates.

> Selective Insurance Company of the Southeast (SICSE) Name of Company

> Sean Ritson - AVP C/L Pricing
> Official - Title